

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90016 022 ***150.00

DOCUMENT # P00000087381

1. Entity Name

FENCE CONNECTION OF NORTH FLORIDA INC.

Principal Place of Business

**8770 WEST BEAVER ST.
 JACKSONVILLE FL 32220**

Mailing Address

**8770 WEST BEAVER ST.
 JACKSONVILLE FL 32220**

2. Principal Place of Business

8770 W. Beaver St

3. Mailing Address

481 Addor Ln Jax FL 32220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JAX FL

City & State

JAX FL

4. FEI Number

59-3672839

Applied For

Not Applicable

Zip

32220

Country

America

Zip

32220

Country

America

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DRYDEN, SHERRY A
 8770 WEST BEAVER ST.
 JACKSONVILLE FL 32220**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DRYDEN, SHERRY A	
STREET ADDRESS	481 ADDOR LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRYDEN, MICHAEL J SR.	
STREET ADDRESS	481 ADDOR LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Dryden Jr.	
STREET ADDRESS	481 Addor Lane	
CITY-ST-ZIP	JAX Florida 32220	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherry A Dryden Sherry A. Dryden

Date

1/19/01 904-693-3007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)